

COURSE APPLICATION FORM

INSTRUCTIONS:

1. Please complete all sections of the form.
2. Use a separate form for each course.
3. After completing the form, click the button marked "Submit Form by Email"

Part 1 - Personal details:

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs
Surname:	<input type="text"/>		Other names:	<input type="text"/>			
Address:	<input type="text"/>						
Contact tel:	<input type="text"/>		Email:	<input type="text"/>			
Job title:	<input type="text"/>		Employer:	<input type="text"/>			

Part 2 - Course details:

- Good Clinical Practice for Research Professionals (HK\$ 3, 500)

Part 3 - Other information:

- Please check this box if you would like to receive further information about any of our future courses and dates.

How did you find out about our course?

Enter the date of the course:

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